

CLINICAL RECORDS

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PENICILLIN IN THE TREATMENT OF LYMPHOGRANULOMA INGUINALE

The general trend of opinion has been that penicillin has no action on lymphogranuloma inguinale. Patients with syphilis, both primary and secondary, who also had lymphogranuloma have been admitted to this clinic (Indian Military Hospital, Dunkirk) and thus a chance has been afforded of observing the action of penicillin on both diseases.

During the preliminary observations it was noticed that the bubo of lymphogranuloma had subsided by the time that the patient had received 2 mega units (2,000,000 Oxford units) of penicillin during the treatment of syphilis. The progress of the lymphogranuloma lesions was arrested and definite signs of healing of the sinuses which had formed in some cases were observed. These results induced us to make further trials, and additional investigations were undertaken on cases of coincident infection with syphilis and lymphogranuloma inguinale.

In all cases of combined infections, dark-ground investigations were made for *Treponema pallidum* and the Frei test was done for lymphogranuloma inguinale; in all cases both the tests were found to be positive. Treatment with penicillin was begun, with the result in each case that the chancre healed and the rash faded and that the bubo also responded well.

Later, penicillin was tried in a resistant case of lymphogranuloma, which also responded very well. Details of this case are given below.

Case report

A sepoy, aged 30 years, was admitted on 15th March 1945 with a bubo in the right groin, which burst shortly after admission. Balanitis was also present. *T. pallidum* was not found on dark-ground examination of the balanitic pus, and the Wassermann and Kahn tests were negative on 17th March and negative on 6 occasions up to 25th June. The Frei test was positive on 19th April.

Initial treatment.—Sulphanilamide, 8 tablets daily for 5 days. Injections of Urea Stibamine (a pentavalent compound of antimony) were given intravenously twice a week; after the patient had received 1.2 grammes, oedema of the face and legs developed.

Urine.—The urine contained numerous pus cells and some epithelial cells. Albumin, sugar and erythrocytes were absent. Blood examination showed haemoglobin 85 per cent, erythrocytes 4,800,000 per cubic millimetre, leucocytes 7,000: lymphocytes 30 per cent, polymorphonuclear leucocytes 69 per cent and monocytes 1 per cent.

Further treatment.—A second course of 40 tablets of sulphanilamide was begun on 3rd June, but the local condition did not show any improvement.

On 18th June penicillin was administered in 100 injections of 20,000 units at 3-hourly intervals, to a total of 2 mega units. There was a decided improvement of the local condition; the sinuses showed a very good response, leaving only two small openings, each discharging a bead of pus. Local dressings of penicillin were then applied, and later the sinuses healed completely and the patient was discharged from hospital.

I am grateful to Col. N. J. Gai, Officer Commanding I.M.H. Dunkirk, for permission to publish this case record.

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(2) A CASE OF CONGENITAL SYPHILIS TREATED WITH PENICILLIN

A Sepoy boy, aged 16 years, complained of pain of one month's duration in both wrists. This had occurred shortly after he had been having physical training, during which he had jumped over a "wooden horse" whilst supporting himself with the hands.